

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1		1			
2			1			
3			1			
4			1			
5			1			
6			1			
7		6	6			
8		6	6			
9		6	6			
10		6	6			
11		6	6			
12		6	1			
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TOTAL IND.	1		1			
TOTAL DEP.	21		35			
TOTAL CLAIMS	42		36			

	IND	DEP	IND	DEP	IND	DEP
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